


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07741 (4)**

1. Corporation Name  
**WOODLAND HERITAGE ORGANIZATION, INC.**



Principal Place of Business <b>5915 PEACEFUL PASS GROVELAND FL 34736 US</b>	Mailing Address <b>5915 PEACEFUL PASS GROVELAND FL 34736 US</b>
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3. Date Incorporated or Qualified <b>02/20/1985</b>		
4. FEI Number <b>59-2530484</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent <b>MATTHEWS, JOANNE E 5915 PEACEFUL PASS GROVELAND FL 34738</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> DELETE <b>LAVALLEY, RAYBOURN</b> <b>1149 PIONEER CIRCLE</b> <b>GROVELAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> DELETE <b>NORRITO, JOSEPH R.</b> <b>1120 PIONEER CIRCLE</b> <b>GROVELAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>THOMPSON, MARY</b> <b>5912 PEACEFUL PASS</b> <b>GROVELAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>WILLIAMSON, GEORGE</b> <b>1100 HERITAGE DR</b> <b>GROVELAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> DELETE <b>LEES, ALBERT</b> <b>5952 FREEDOM DRIVE</b> <b>GROVELAND FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> DELETE <b>MATTHEWS, JOANNE E</b> <b>5915 PEACEFUL PASS</b> <b>GROVELAND FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PD</b> <b>KIERNNS, RAY</b> <b>6003 HERITAGE DRIVE</b> <b>GROVELAND FL 34736</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VD</b> <b>HARRIS, RAYMOND</b> <b>5964 FREEDOM DRIVE</b> <b>GROVELAND FL 34736</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NO CHANGE.</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>PATRICK, GERTRUDE</b> <b>6018 UNITY PASS</b> <b>GROVELAND FL 34736</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD</b> <b>HERZIG, JOAN</b> <b>6010 UNITY PASS</b> <b>GROVELAND FL 34736</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ JOAN E. HERZIG, SECRETARY DIRECTOR 4/14/98

CFR2E037 (10/97)